

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2014
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HIXSON	STREET ADDRESS, CITY, STATE, ZIP CODE 5798 HIXSON HOME PLACE HIXSON, TN 37343
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F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to revise a care plan to include interventions for a Urinary Tract Infection for one resident, #120, of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #120 was admitted to the facility on January 14, 2014, with diagnoses including Muscle Weakness, Degenerative Disc Disease, Fracture of Vertebrae, Urinary Tract Infection, Atrial Fibrillation, Diabetes Mellitus Type 2, Hypertension, Peripheral Vascular Disease,</p>	F 280	<p>This Plan of Correction constitutes our written allegation of compliance.</p> <p>"This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This Plan of Corrections does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope of severity regarding any of the deficiencies cited are correctly applied."</p> <p>F280</p> <ol style="list-style-type: none"> 1. The plan of care for resident #120 has been updated by the care plan coordinator to include interventions for urinary tract infections. 2. The plan of care for all other residents receiving antibiotics were reviewed by the care plan coordinator and found to be in compliance. 	4/25/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 Cardiac Surgery, Depressive Disorder, Dementia without Behavioral Disturbance, and Anxiety State. Medical record review revealed a physician order dated March 17, 2014, for Levaquin (antibiotic) 250mg (milligrams) one po (by mouth) daily x (times) 5 days UTI (Urinary Tract Infection). Medical record review revealed a Care Plan for "2/3/14...risk for abnormal bleeding or hemorrhage because of Relating to JANTOVEN Therapy...3/17/14-Antibiotic therapy/UTI...will be free from signs and symptoms of abnormal bleeding through the next review date...5/11/14..." Interview with Licensed Practical Nurse (LPN) #2, (the Admissions Nurse and Acting Charge Nurse) on March 26, 2014, at 10:45 a.m., in the 300 nurse's station, confirmed that the care plan was incorrect and it was to have been up dated, "...anybody can update the care plan and whoever took the order off should have care planned it..."	F 280	3. An educational in-service was given to nursing management staff by the director of nursing on care-planning interventions for antibiotics. New residents that are admitted with or placed on antibiotics will be reviewed by the care plan coordinator or designee to ensure that interventions for infections are on the plan of care is documented. New residents that are placed on or admitted with antibiotics will be reviewed by nursing management staff during daily weekly clinical meetings to ensure interventions are in place for infections and is documented on the plan of care. 4. The director of nursing or designee will monitor this process weekly for four weeks then monthly for four months. The results of the monitoring process will be reported to the quality assurance committee monthly for four months by the director of nursing or designee to ensure continued compliance.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	F441 1. The facility posted notification of instructions stop sign for resident #94 in isolation. 2. All other residents that are on isolation were observed by nursing staff to ensure posted notification of instructions stop sign were in place.		4/25/14

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF HIXSON

STREET ADDRESS, CITY, STATE, ZIP CODE

5798 HIXSON HOME PLACE

HIXSON, TN 37343

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F 441	<p>Continued From page 2</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to post notification of instructions ("Stop" sign) for a resident in isolation for one resident (#94), of one isolation room observed.</p> <p>The findings included:</p> <p>During initial tour of the facility on March 24, 2014, at 9:40 a.m., resident #94's room was observed to have the door closed with personal</p>	F 441	<p>3. The director of nursing conducted an educational in-service to nursing staff regarding the policy and procedure of infection control related to resident isolation – i.e., posting notification of instructions, stop sign for residents on isolation. Director of nursing or designee will conduct infection control – i.e., posting notification of instructions, stop sign for residents on isolation weekly for four weeks then monthly for four months to ensure compliance.</p> <p>4. Director of nursing or designee will report monthly audits for four months of infection control – i.e., posting of notification of instruction stop sign to the quality assurance committee. The executive director will monitor this process monthly to ensure continued compliance.</p>	

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F 441	<p>Continued From page 3</p> <p>protective equipment of gloves, gowns, and masks hanging on the outside of the door.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on March 24, 2014, at 9:49 a.m., at the 200 Hall Nurse Station, revealed resident #94 was in isolation for Methicillin-Resistant Staph Areus (MRSA) in the resident's sputum. Continued interview with LPN #1 confirmed the resident's room did not have a stop sign on the resident's door.</p> <p>Review of facility policy Transmission-based Precautions Procedure revealed, "...Transmission-based precautions are used in addition to standard precautions for residents with suspected or confirmed infectious conditions..." Continued review of the facility's policy revealed for all types of isolation precautions a "...Stop Sign on door..." should be used to alert staff, residents, and visitors of the need to report to the nurse station before entering the resident's room for information on what infection control precautions should be used before entering the resident's room.</p> <p>Interview with the Infection Control Nurse on March 26, 2014, at 9:27 a.m., in the Training Room, confirmed resident #94's room did not have a "Stop" sign on door, and confirmed the facility failed to follow the facility's Isolation procedure policy.</p>	F 441			